

Entered -06-11-01 - sb  
CL 01L0361 - GWENDOLYN BURNS

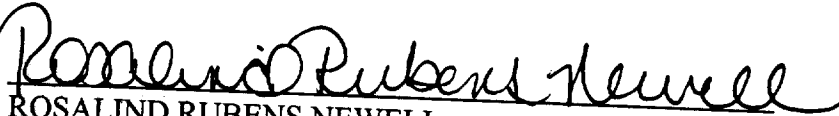
CLAIM OF:

**PETER FELIX**  
4248 Moore Road  
Ellenwood, Georgia 30294

**01-R-1840**

For vehicular damages alleged to have been sustained from an automobile accident at on May 2, 2001 Moreland Avenue, SE & North Avenue.

THIS ADVERSED REPORT IS  
APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0361

Date: September 24, 2001

Claimant /Victim PETER FELIX  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 4248 Moore Road, Ellenwood, Georgia 30294  
Subrogation: \_\_\_\_\_ Claim for damage \$ 1,003.35 Bodily Injury \$ 4,000.00  
Date of Notice: 5/25/01 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 5/2/01 Place: Moreland Avenue, SE & North Avenue  
Department PARKS, RECREATION AND CULTURAL AFFAIRS Division PARKS  
Employee involved Johnny Bell Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when it was side-swiped by a limb that was protruding from a city truck. However, an investigation determined that the Claimant contributed to the accident by attempting to drive straight through the intersection in a "left-turn only" lane. The Claimant was cited for "improper lane change".

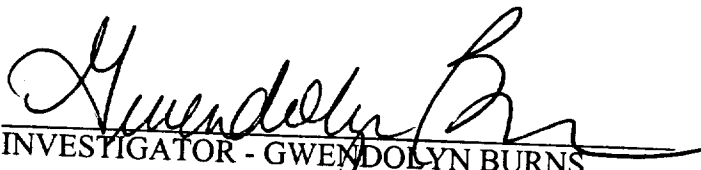
INVESTIGATION:

Statements: City employee X Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

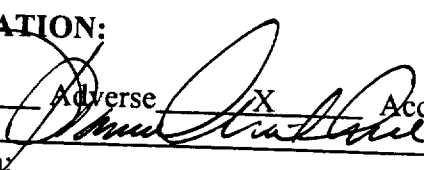
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 10-31-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Street, S.W.  
Atlanta, Georgia 30335

RECEIVED

MAY 25 2001

MUNICIPAL CLERK

ENTERED - 06-01-01 - DP  
01L0361 - GWEN BURNS

BURNS  
06/11/01  
RE: CLAIM FOR DAMAGES

Today's Date: 5/2/01

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 700 - 1003.35 property and / or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 5 2 01  
(Month / Day / Year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: CORNER OF MORELAND AND NORTH AVE
4. Name of your insurance company: ESQUIRE FINS Policy No. 36465688-0
5. State what and how incident occurred: I was at the corner of NORTH AVE AND MORELAND waiting to turn LEFT when A Truck carrying tree limbs struck the side of my vehicle trying to turn right onto moreland ave.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your Vehicle: JEep Cherokee LA 90 APPLIED FOR Peter Felix  
(Make) (Year) (Tag number) (Driver's name)  
City Vehicle: International  
(Make) (City driver's name) (Department/Bureau)
8. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone number)
9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Peter Felix  
(Claimant's name)  
412415 MOORE RD  
(Address)  
ELLERWOOD GA  
(City and State)  
4-431-3603  
(Work telephone) (Home telephone)

(4) 301-4554